

**Office for Citizens with Developmental Disabilities
PASRR EVALUATION REPORT**

Applicant:		Date Evaluation:
SS#:	Age:	RO:
Nursing Facility:		Facility Location:

The purpose of this evaluation is to determine if the nursing facility applicant has a developmental disability, and if so: 1) is the person in need of specialized services, and 2) does a nursing facility or living environment specific to serving people with developmental disabilities better meet the person's needs? The evaluation report should contain major sections as indicated below, and each section should include, in narrative form, information about the listed (bulleted) topics.

Evaluation Methods:

- Record reviewed
- Applicant interviewed
- Family/legal representative interviewed (List names of interviewees and dates of interviews:)
- Standardized functional assessment conducted (If so, name assessment tool:)
- Psychological evaluation conducted (If so, name evaluator and date of evaluation:)

Summary of Medical and Social History:

Include diagnoses or conditions leading to the application of nursing facility placement and dates of the diagnosis or evaluated condition.

- Brief description of the person's family background and development
- Brief description of personal relationships in the person's life
- Developmental diagnosis and dates of diagnoses
- Medical diagnosis or diagnoses resulting in nursing facility application with dates
- Prognosis for improvement of medical or physical status (documents used and date)
- Impact of medical condition on independent functioning
- Significant diagnoses or conditions from the medical history

Summary of Need for Specialized Supports or Services:

Report the following that are needed based on record reviews, interviews, and observations. Describe specifically the support or service need for any of the following identified. These are needs that are the result of a developmental disability and for which a specialized support or service could result in some gain in ability due to training or opportunity.

- Need for support to communicate needs
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- Need for support to understand and/or communicate health care needs
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- Need for self-help support (e.g., dressing, toileting, grooming, eating, etc.)
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- Need for physical support (e.g., ambulation, positioning, gross/fine motor movement, etc.)
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- Need for social development (e.g., interpersonal skills, behavioral interaction, relationships, etc.)
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- Need for learning academic skills or functional living skills (budgeting, survival skills, care of belongings, shopping, etc.)
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- Need for vocational supports
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- Need for support to make decisions (e.g., informed consent)
-

- Need for support to monitor/ communicate health needs
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- Need for support to monitor/ communicate nutritional needs
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- Describe supports the person needs because of his/her medical condition
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Conclusions/Recommendations

- The medical condition for which nursing facility was recommended
- The developmental disability identified
- The specific support needs of the person specific to the developmental disability
- Are the person's needs best met in a nursing facility, or another type of community setting [which may include the option of placement in a home and community-based services waiver program, ICF/DD (including small, community-based facilities), an IMD providing services to individuals aged 65 or older, etc.]?

Signature
